

**Fiscal Year 2000
Section 202 Assisted Living Conversion
Program**

Application Kit

Application Due Date: July 17, 2000



**U.S. Department of Housing and Urban Development
Office of Housing
Office of Multifamily Housing Programs**

APPLICATION KIT

SECTION 202 ASSISTED LIVING CONVERSION PROGRAM

INTRODUCTION: This constitutes the Application Kit to apply for a grant under the Section 202 Assisted Living Conversion Program (ALCP). **You MUST contact the HUD Multifamily Hub Office with jurisdiction over your development to obtain information about the submission of applications relevant to that Office. (NOTE: A list of the HUD Multifamily Hub Offices is attached as Appendix A for you to use in determining the appropriate HUD Office to which you should submit your application.)**

You must submit an original and three (3) copies of your application in response to a Federal Register Notice of Funding Availability (NOFA) to the HUD Multifamily Hub Office. **Do not send the application to the HUD Multifamily Program Center with which you routinely interact.** You must also send one copy of your application to the Office of Portfolio Management, room 6160, ATTN: ALCP Staff, HUD Building, 451 7th Street, SW, Washington, DC 20410. You must submit your application either by hand, delivery service or certified mail, by the deadline date and time set forth in the NOFA. Applications by facsimile will not be accepted.

CONTENTS OF APPLICATION KIT: The ALCP Application Kit consists of four parts with a total of seven Exhibits. Included with the seven Exhibits are prescribed forms, certifications and resolutions. The components of the Application Kit are:

- Part I - Eligibility and Community Involvement
(Exhibits 1, 2 and 3)
- Part II - Evidence of Need for ALF Units
(Exhibit 4)
- Part III - Conversion and Retrofit Activities
(Exhibits 5, 6 and 7)
- Part IV - Supportive Services Plan
(Exhibit 8)
- Part V - Project Resources
(Exhibit 9)
- Part VI - General Application Requirements,
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(Exhibit 10)

All of the required application exhibits are specifically identified in the NOFA.

GENERAL INSTRUCTIONS FOR PREPARING APPLICATION: The application must be submitted using the attached Application Kit format and **MUST BE INDEXED AND TABBED ACCORDINGLY.** The Kit includes:

1. The Table of Contents which identifies the order in which the application is to be assembled. It also serves as the application checklist by providing you with a space for identifying the submission page for the exhibit or portion of the exhibit.
2. The Rating Factors which identify how your application will be rated and the criteria necessary to receive bonus points.
3. The Application Contents identified by the Part of the application and the relevant exhibits. Parts I through V include exhibits related to the rating criteria and bonus points. Part VI includes all the necessary forms and certifications.
4. Appendices
 - A. List of local HUD Offices
 - B. Section 202 ALCP NOFA
5. The Application Evaluation for you to provide HUD with comments and suggestions about the Application Kit.
6. The Acknowledgement of Application Receipt you will receive with an indication of the date that HUD received your application and whether or not your application will receive further consideration.

Before preparing your application, you should carefully review the requirements of the NOFA. Note: Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure, 72 Stat. 967 shall apply to all information supplied in the application submission). (18 U.S.C. 1001, among other things, provides that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.)

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- (d) Drug-Free Workplace (HUD-50070) _____
- (e) Certification of Payments to Influence Federal Transactions (HUD-50071), and Disclosure of Lobbying Activities (Standard Form LLL), if applicable _____
- (f) Applicant/Recipient Disclosure/Update Report (HUD-2880) _____
- (g) Certification Regarding Debarment and Suspension (HUD-2992) _____
- (h) Certification of Consistency with the Consolidated Plan (HUD-2991) _____
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RATING FACTORS AND BONUS POINTS

Below are the Rating Factors and the corresponding application Exhibits that will be reviewed to determine the ratings:

1. CAPACITY OF THE APPLICANT AND RELEVANT ORGANIZATIONAL STAFF (Exhibit References: Exhibits 5(a), 8(h), and 2(d))

In rating this factor, HUD will consider the extent to which the application demonstrates your ability to carry out a successful conversion of the project and the plan to deliver the supportive services on a long-term basis, considering the following: **(15 points)**

- (a) The practicality of your plan and timetable to carry out the physical conversion of the development to the ALF. **(7 points)**
- (b) Your past experience in providing or arranging for supportive services to those who are frail either on or off site. **(8 points)**

Examples are: Meals delivered to apartment of resident or in a congregate setting **(1 point)**, arranging for or providing personal care **(2 points)**, providing 24-hour staffing **(1 point)**, providing or making available on-site preventive health care **(2 points)**, and other supportive services **(1 point)**.

2. NEED/EXTENT OF THE PROBLEM

(Exhibit References: Exhibits 4(a) through (d), 2(c), and 9(a) through (c))

In determining the extent to which the conversion is needed by the categories of elderly persons and persons with disabilities that the ALF is intended to serve (very low income elderly persons and people with disabilities who have limitations in three or more activities of daily living), HUD will consider the evidence in your application of the current needs among project residents and the needs of potential residents in the housing market area including economic and demographic information on very-low income frail elderly and people with disabilities and information on current assisted living resources in the market area. In addition, HUD will consider your inability to fund the repairs or conversion activities from existing financial resources by examining project financial information. HUD will also view more favorably those applications which establish a connection between the proposed ALF and the Community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. In evaluating this factor, HUD will consider the following: **(25 points)**

- (a) The need for assisted living among the elderly and disabled residents of the project taking into consideration those currently in need and the depth of future needs given aging in place. **(10 points)**
- (b) The need for assisted living among very-low income elderly persons and people with disabilities in the housing market area. **(5 points)**
- (c) Insufficient funding for any needed conversion work, as evidenced by the project's financial statements and specifically the lack of excess reserve for replacement dollars (R4R) and residual receipts. **(10 points)**

If reserves and residual receipts are less than 10% of the total funds needed **(10 points)**, if reserves and residual receipts are 10-50% of need **(5 points)**; and if reserves and residual receipts are 51% or more of the total funds needed **(0 points)**.

3. SOUNDNESS OF APPROACH

(Exhibit References: Exhibits 5(b) through (e), (h), 7, and 8(a) through (e), (g) and (h))

This factor is rated by Headquarters.

This factor addresses the quality and effectiveness of your proposal in addressing the proposed conversion, effectiveness of service coordination and management planning and the meals and supportive services which the ALF intends to provide. There must be a relationship between the proposed activities, the project's and the community's needs and purposes of the program funding for your application to receive points for this factor.

In evaluating this factor, HUD will consider the following:
(25 points)

- (a) The extent to which the proposed ALF design will meet the special physical needs of the frail elderly or disabled persons expected to be served at reasonable cost **(7 points)**

(ALF design meets needs - **7 points**) (ALF design partially meets needs - **3 points**) (ALF design does not meet needs - **0 points**)

- (b) The extent to which the ALF's proposed management and operational plan ensures that the provision of both meals and supportive services will be accomplished over time. **(7 points)**

(ALF design/management plan meets needs of management operations - **7 points**; ALF design/management plan partially meets needs of management operations - **3 points**; ALF design/management plan does not meet needs

of management operations - **0 points**)

- (c) The extent to which the proposed supportive services meet the identified needs of the anticipated frail elderly and disabled residents. **(5 points)**

(services meet needs - **5 points**; partially meet needs - **3 points**; does not meet needs - **0 points**)

- (d) The extent to which the service coordination function is addressed and explained as onsite and sufficient, onsite and augmented or new, and addresses the ongoing procurement of needed services for the residents of the ALF. **(5 points)**

(fully addressed and explained - **5 points**; partially addressed and explained - **3 points**; not addressed and explained - **0 points**)

- (e) The extent to which there is an operating philosophy which promotes the autonomy and independence of the frail elderly persons it is intended to serve. **(1 point)**

(operating philosophy addressed - **1 point**; not addressed - **0 points**)

4. LEVERAGING RESOURCES

(Exhibit References: 5(f) and (g), 6, and 8(f))

In determining your ability to secure other community resources which can be combined with HUD's grant funds to achieve program purposes, HUD will consider: **(30 points)**

- (a) The extent to which there are commitments for the funding needed for the meals and the supportive services planned for the ALF and that the total cost of the estimated budget of the ALF is covered. **(25 points)**

(90% or more commitment for the total budget with no more than 10% general support - **25 points**; 80 - 89.9% or more commitment for the total budget with no more than 20% general support - **17 points**; 65 - 79.9% commitment with no more than 35% general support - **12 points**; 40 - 64.9% firm commitment for the total budget with no more than 60% general commitment - **7 points**; less than 40% commitment for the total budget with no more than 60% general support - **0 points**)

- (b) The extent of local organizations' support which is firmly committed to providing at least 50 percent of the total cost of ALF conversion. **(3 points)**

(support is 50% or more - **3 points**; support is 20 - 49.9% - **2 points**; support is under 20% - **0 points**)

- (c) The extent of local organizational support which is firmly committed to providing funds for additional repair or retrofit necessary for the project NOT specifically directed to activities eligible under this NOFA. **(2 points)**

(support exists - **2 points**; support does not exist - **0 points**)

5. COMPREHENSIVENESS AND COORDINATION

(Exhibit References: Exhibits 2(a) through (d))

In determining the extent to which you have evidenced general support for conversion by participating in your community's Consolidated Planning process, involving the residents in the planning and are working toward addressing the need in a holistic and comprehensive manner through linkages with other activities in the community, HUD will consider:

(5 points)

- (a) The involvement of project residents, or their representatives, in the development of the ALCP application, and your intent to involve residents, in the development and operation of the project and in relocation planning. **(3 points)(minus one (-1) point if not addressed)**
- (b) The extent to which you demonstrated that you have been actively involved or, if not currently active, the steps you will take to become actively involved in the community's Consolidated Planning/AI processes to identify and address a need/problem that is related in whole or part, directly or indirectly, to the proposed project. **(1 point)**
- (c) The extent to which you developed linkages with other activities, programs or projects related to the proposed project to coordinate your activities so solutions are holistic and comprehensive. **(1 point)**

PART I

**ELIGIBILITY AND COMMUNITY
INVOLVEMENT**

EXHIBIT 1 - Evidence of your legal status - Provide evidence that you are a private nonprofit or nonprofit consumer cooperative and have the legal ability to operate an ALF program, including the following:

- (a) Articles of Incorporation, constitution, or other organizational documents, or self-certification thereof, if there has been no change in the Articles since they were originally filed with HUD
- (b) By-laws, or self-certification thereof, if there has been no change in the Articles since they were originally filed with HUD

EXHIBIT 2 - Description of your community ties and established linkages:

- (a) Describe your ties/links to the community at large and to the minority and elderly communities in particular.
- (b) A description of your efforts to involve elderly persons, including minority elderly persons and persons with disabilities in:
 - (i) The development of the application;
 - (ii) The development of the ALF operating philosophy; and
 - (iii) The review of this application.
 - (iv) Your intent to involve elderly persons in the operation of the project.

Also demonstrate that you made the application available to the residents of the project (in their language(s)) AND requested and considered comments from them (in their language(s))

- (c) A description of your involvement in your community's Consolidated Planning and Analysis of Impediments to Fair Housing (AI) processes, including:
 - (i) An identification of the lead/facilitating agency(ies) that organizes/administers the processes;
 - (ii) A listing of the Consolidated Plan/AI issue areas in which you participate;
 - (iii) The level of your participation in the processes, including active involvement with any neighborhood-based organizations, association, or any committees that support programs and activities that enhance projects or the lives of residents of the projects, such as the one proposed;

OR

If you are not currently active, describe the specific steps you will take to become active in the Consolidated Planning and AI processes.

(EXHIBIT 2 Cont'd)

- (d) A description of the linkages that you have developed with other related activities, programs or projects in order that the development of the project provides a comprehensive and holistic solution to the needs of the target population.

EXHIBIT 3 - Evidence of your project being in occupancy for at least five years as of the date of the application to HUD. This evidence must be submitted by all applicants whose section 202 identifying number has an "EE" as digits 4 & 5, i.e., xxx-EExxx, OR any "EH" project, i.e., xxx-EHxxx, that was converted to PRAC.

PART II

EVIDENCE OF NEED FOR ALF UNITS

EXHIBIT 4 - A market analysis of the need for the proposed ALF units, including information from both the project and the housing market

- (a) Evidence of need for the ALF by current project residents:
 - (i) A description of the demographic characteristics of the elderly residents currently living in the project, including the current number of residents, distribution of residents by age and sex, an estimate of the number of residents with frailties/limitations in activities of daily living and an estimate of the number of residents in need of assisted living services.
 - (ii) A description of the services which are currently available to the residents and/or provided on or off-site and what services are lacking.
- (b) Evidence of the need for ALF units by very low income elderly and disabled households in the market area; a description of the trend in elderly and disabled population and household change; data on the demographic characteristics of the very low income elderly in need of assisted living services (age, race, sex, household size and tenure) and extent of residents with frailty/limitations in existing federally-assisted housing for the elderly (HUD and Rural Housing Services): And an estimate of the very low income elderly and disabled in need of assisted living taking into consideration any available state or local data.
- (c) A description of the extent, types and availability and cost of alternate care and services locally, such as: home health care, adult day care, housekeeping services, meals programs, visiting nurses, on-call transportation services, health care and providers of supportive services who address the needs of the local low income population.
- (d) A description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the ALF (covering items (a) and (b) above)

PART III

CONVERSION AND RETROFIT ACTIVITIES

EXHIBIT 5 - A description of the physical ALF conversion

- (a) Describe how you propose to carry out the physical conversion, including a timetable and a discussion of relocation planning.
- (b) Include a short narrative which states the number of units being converted, special design features, community and office space/storage, dining and kitchen facility and staff space and the physical relationship to the rest of the 202 project. Describe how the design will facilitate the delivery of services in an economical fashion and accommodate the changing needs of the residents over at least the next 10 years.
- (c) Provide a copy of the original plans for all units and other areas of the development which will be included in the conversion.
- (d) Describe how the conversion will address accessibility; such as, doorways being at least 32 inches wide and kitchens and bathrooms meeting the specifications of the Uniform Federal Accessibility Standards.
- (e) Provide architectural sketches of the conversion to a scale of one inch to one foot that indicate the following:
 - (i) All doors being widened;
 - (ii) Typical kitchen and bathroom reconfiguration: show all wheelchair clearances, wall reinforcing, grab bars and elevations of counters and work surfaces;
 - (iii) Bedroom/living/dining area modification, if needed;
 - (iv) Any reconfigured common space;
 - (v) Added/reconfigured office and storage space;
 - (vi) Monitoring stations; and
 - (vii) The kitchen and dining facility.

All architectural modifications must meet section 504 and ADA requirements, as appropriate.

- (f) Provide a budget showing at least estimated costs for materials, supplies, fixtures and labor for each of the items in (e)(i) through (vii) above.

EXHIBIT 5 (cont'd)

- (g) Include firm commitment letters with specific dollar amounts from appropriate organization(s) for conversion needs (within the scope of the ALF conversion NOFA) which will be supported by non-HUD funding.
- (h) A description of any relocation of current tenants as a result of the conversion activities.
 - (i) Provide the estimated cost of temporary relocation payments and other related services.
 - (ii) Identify the staff organization that will carry out the relocation activities; and
 - (iii) Identify all tenants that will have to be temporarily moved to another unit within the development OR from the development during the conversion period.

NOTE: If any of the relocation costs will be funded from sources other than the ALCP grant, you must provide evidence of a firm commitment of these funds. When evaluating applications, HUD will consider the total cost of proposals (i.e., cost of conversion, temporary relocation, service coordinator and other project costs).

EXHIBIT 6 - A description of any retrofit or renovation which will be done at the project (with third party funds) that is separate and distinct from the ALF conversion. Attach firm commitment letters from third party organizations in specific dollar amounts which will cover the cost of any work outside the scope of the ALF NOFA.

EXHIBIT 7 - Evidence of permissive zoning, showing that the modifications to include the ALF into the project as proposed are permissible under applicable zoning ordinances or regulations, or a statement of the proposed action required to make the proposed project permissible and the basis of your belief that the proposed action will be completed successfully within six months of the date of grant award by HUD. (e.g., a summary of the results of any requests for rezoning and/or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.)

PART IV

SUPPORTIVE SERVICES PLAN

EXHIBIT 8 - Supportive Services Plan

Notes:

You must submit a copy of the SSP to each appropriate state or local service funding organization well in advance of the application deadline, for appropriate review. The state or local funding organization(s) must return the SSP to you with appropriate comments and indication of funding commitment, which you must include with this application.

You must also submit a copy of your application to the appropriate organization(s) which license ALFs in your jurisdiction. The licensing agency(ies) must approve your plan, and must also certify that the ALF and the proposed supportive services in your SSP are consistent with local statute and regulations and well designed to serve the needs of the frail elderly and people with disabilities who will reside in the ALF portion of your project.

- (a) Describe the supportive services needed for the frail elderly the ALF is expected to serve. This must include: (i) meals and such other supportive services required locally or by the state, and (ii) such optional services or care to be offered on an "as needed" basis.

Examples of both mandatory and optional services (which will vary from state to state) are: two meals and two snacks or three meals daily; 24-hour protective oversight; personal care; housekeeping services; personal counseling and transportation.

- (b) Describe how you will provide the supportive services to those who are frail and have disabilities (i.e., on or off-site or combination of the two), including an explanation of how the service coordination role will facilitate the adequate provision of such services to ALF residents and how it will be funded, and how the services will meet the identified needs of the residents.
- (c) Describe how the operation of your ALF will work, including:
 - (i) general operating procedures;
 - (ii) ALF philosophy and how it will promote the autonomy and independence of the frail elderly and persons with disabilities;

EXHIBIT 8 (cont'd)

- (iii) what the service coordination function will do and the extent to which it is existing, augmented or new;
 - (iv) ALF staff training plans;
 - (v) the degree to which and how the ALF will relate to the day-to-day operations of the rest of the 202 project.
- (d) The monthly individual rate for board and supportive services for the ALF listing the total fee and components of the total fee for the items required by State or local licensing AND list the appropriate rate for any optional services you plan to offer ALF residents. Provide an estimate of the total annual costs of the required board and supportive services you expect to provide and an estimate of the amount of optional services you expect to provide.
- (e) List who will pay for the board and supportive services, e.g., \$___ for meals by sponsor, \$___ for housekeeping services by city government; \$___ for personal care by State Department of Health; \$___ for ___ by state ___ program; \$___ in fees by tenants; and, \$___ by ___.

The amounts and commitments from both tenants and/or providers must equal the estimated amounts necessary to cover the monthly rates for the number of people expected to be served. If you include tenant fees in the proposal, list and show any proposed scaling mechanism. All amounts committed/collected must equal the annualized cost of the monthly rates calculated by the expected percentage of units filled.

- (f) Provide a support/commitment letter from **EACH** listed proposed funding source in (e) above, for the planned meals and supportive services. The letter must cover the total planned annual commitment (and multiyear amount total, if different), length of time for the commitment, and the amounts payable for each service covered by the provider/paying organization.
- (g) Provide a support letter from **EACH** governmental agency(ies) which provides licensing for ALFs in that jurisdiction.

EXHIBIT 8 (cont'd)

- (h) Describe your relevant experience in arranging for and/or delivering supportive services to frail residents. The description should include any supportive services facilities owned/operated; your past or current involvement in any project-based programs that demonstrates your management capabilities. Include data on the facilities and specific meals and/or supportive services provided on a regular basis, the racial/ethnic composition of the populations served, if available, and information and testimonials from residents or community leaders on the quality of the services.

NOTE: If a request for funding under the Service Coordinators in Multifamily Housing NOFA for the ALF and/or the whole project (Section 202 projects with PRAC are not eligible for such funding because PRAC funds can cover the cost of service coordination) is included as part of this application, the Form HUD-424M, indicating the dollars requested must be attached as Exhibit 10(c). Do **NOT** attach the entire service coordinator application.

PART V

PROJECT RESOURCES

EXHIBIT 9 - A description of your project's resources.

- (a) Provide a copy of the most recent project Repair and Replacement (R4R) account statement, and an R4R analysis showing plans for its use over the next five years, and any approvals received from the HUD field office to date.
- (b) Provide a copy of the most recent Residual Receipts Account statement. Indicate any approvals for the use of such receipts from the field office for over \$500/unit.
- (c) Provide your annual financial statement (AFS). If your FY 2000 AFS was due to REAC more than 120 days BEFORE the due date for this application, in the interest of reducing work burden, only include the date that it was sent to REAC. If the AFS was due to REAC 120 days or less from the due date of this application, you MUST include a paper copy.

PART VI

**GENERAL APPLICATION REQUIREMENTS,
CERTIFICATIONS AND RESOLUTIONS**

EXHIBIT 10: Forms, Certifications and Resolutions (attached)

- (a) Standard Form 424
- (b) Standard Form 424D, Assurances, Construction Programs
- (c) Standard Form 424M, Federal Assistance Funding Matrix
- (d) Form HUD-50070, Drug-Free Workplace
- (e) Form HUD-50071, Certification of Payments to Influence Federal Transactions and Standard Form LLL, Disclosure of Lobbying Activities 24 CFR 87). If you have made or agreed to make any payment using funds other than Federally appropriated funds for lobbying activity, as described in 24 CFR 87, your submission must also include SF-LLL, Disclosure of Lobbying Activities.
- (f) Form HUD-2880, Applicant/Recipient Disclosure/Update Report, including Social Security and Employee Identification Numbers - A disclosure of assistance from other government sources received in connection with the project.
- (g) Form HUD-2992, Certification Regarding Debarment and Suspension, (24 CFR 24.510)
- (h) Certification of Consistency with the Consolidated Plan (Plan), (HUD-2991) for the jurisdiction in which the proposed ALF will be located.
- (i) Executive Order 12372 - A certification that you have submitted a copy of your applications, if required, to the State agency single point of contact) for State review in accordance with Executive Order 12372.
- (j) Certification of Residual Receipts Account - If you do not have an existing residual receipts account, you must submit a statement that you agree to set up one as soon as there is surplus cash available, as a condition of getting the ALF grant award.
- (k) Sponsor/Owner/Borrower's Conflict of Interest Resolution
- (l) Certification for ALF - A certification that you agree to apply for an ALF license with

due diligence and in a timely fashion (and that the conversion will NOT be a nursing home or an intermediate care facility).

(m) Owner/Borrower's Combined Certifications

Standard Form 424

EXHIBIT 10(a)

Standard Form 424D

EXHIBIT 10(b)

EXHIBIT 10(c)

Standard Form 424M

EXHIBIT 10(d)

Drug-Free Workplace (HUD-50070)

EXHIBIT 10(e)

Certification of Payments to Influence Federal Transactions (HUD-50071)

Disclosure of Lobbying Activities (Standard Form-LLL)

EXHIBIT 10(f)

Applicant/Recipient Disclosure/Update Report, including Social Security Numbers and Employee Identification Numbers, (HUD-2880)

EXHIBIT 10(g)

Certification Regarding Debarment and Suspension (HUD-2992)
(24 CFR 24.510)

EXHIBIT 10(h)

HUD-2991, Certification of Consistency with the Consolidated Plan
(Plan)

**EXECUTIVE ORDER 12372
CERTIFICATION**

(Name of Owner/Borrower)

certifies that:

_____ (1) this application for a grant under the Assisted
Living Conversion Program for Section 202 Projects
was submitted to the State of _____
on _____ for review,

or

_____ (2) it contacted the State and a determination
was made that the State review was not required.

Enclosed is a copy of the SF-424 which was sent with the
application submitted to the State.

(Signature of Authorized Official/Date)

EXHIBIT 10(j)

**Certification of Residual
Receipts Account**

(Name of Owner/Borrower)

certifies that:

_____ (1) it has an existing residual receipts account;

OR

_____ (2) it will set up a residual receipts account as soon as there is surplus cash available, as a condition of receiving an ALCP grant.

(Signature of Authorized Official/Date)

SPONSOR/OWNER/BORROWER'S CONFLICT OF INTEREST RESOLUTION

(NOTE: A separate Conflict of Interest Resolution must be submitted by the Sponsor and Owner/Borrower)

TO: The Secretary of Housing and Urban Development

SUBJECT: Assisted Living Conversion Program (ALCP) for Section
202 Projects - Application for Grant

Owner/Borrower:

Project Location:

WHEREAS, Section 202 of the Housing Act of 1959, as amended, authorizes the making of grants to the Owner/Borrower of a Section 202 (housing for the elderly) project for conversion in whole or in part) to assisted living facilities for elderly persons.

WHEREAS, HUD has implemented this statutory requirement by promulgating a regulation providing that the Owner/Borrower may not be controlled by or under the direction of persons or firms seeking to derive profit or gain therefrom. The regulation also prohibits any officer or director of the Sponsor/Owner/Borrower from having any financial interest in any contract in connection with the rendition of services, the provision of goods or supplies, procurement of furnishings or equipment, construction of the project, procurement of the site or any other matters whatsoever, except with respect to management or supportive services contracts entered into by the Owner/Borrower with the Sponsor or its nonprofit affiliate.

WHEREAS, HUD has determined that assurance of compliance with this prohibition can best be obtained by requiring that all officers and directors of the Sponsor/Owner/Borrower corporations, if different, certify that they do not have and will not have during their term of office, any prohibited financial interest.

WHEREAS, because of the time constraints imposed under the application process and difficulties in meeting these deadlines caused by such factors as large boards and unavailability of officers and directors of the board, some Sponsors/Owners/Borrowers have been unable or experienced hardship in obtaining all of the required certifications for submission with the applications for fund reservation.

WHEREAS, HUD is willing to defer submission of the required Sponsor/Owner/Borrower's Conflict of Interest and Disclosure Certifications until no later than 45 days after receipt by the

Owner/Borrower of an approval letter for funding for a grant under the Assisted Living Conversion Program (ALCP) if such certifications are provided by all the Sponsor/Owner/Borrower's officers and directors listed below, who are duly qualified and sitting in these capacities from the date of submission of the Owner/Borrower's ALCP application.

[LIST THE NAME, TITLE, AND THE BEGINNING AND ENDING DATES OF THE TERM OF ALL OFFICERS AND DIRECTORS]

NOW, THEREFORE, in order to induce HUD to forego requiring submission of the Conflict of Interest and Disclosure Certifications until after ALCP conversion projects have been selected and funds granted, it is hereby resolved and agreed by the Board of Directors of the Sponsor/Owner/Borrower:

1. That both entities will submit updated Incumbency Certificates, in a form prescribed by HUD, showing all changes in incumbency for submission with the Owner/Borrower's Application for the ALCP grant.

2. That no officer or director of the Sponsor/Owner/Borrower has or will be permitted to have any prohibited interest which would prevent him or her from signing the required Conflict of Interest and Disclosure Certification.

3. That the grant will be subject to cancellation by HUD if the officers or directors of either the Sponsor/Owner/Borrower fail to submit Conflict of Interest and Disclosure Certifications duly executed by each and all of their respective officers and directors.

4. That no HUD ALCP grant will be expended on account of any contract or arrangement where a conflict of interest is determined to exist, and the Sponsor/Owner/Borrower shall be responsible for the payment of any and all obligations involving its officers and directors.

5. That should any contract or arrangement entered into by the Sponsor/Owner/Borrower be determined by HUD to involve a conflict of interest, involving either the Sponsor/Owner/Borrower's officers or directors, the Sponsor/Owner/Borrower will exercise its best efforts to promptly cancel or terminate such contract or arrangement at HUD's request.

Adopted and approved by the Board of Trustees of the Sponsor/Owner/Borrower on the _____ date of _____,
_____.

Authorized Signature

Certification for ALF

(Name of Owner/Borrower)

certifies:

_____(1) that it agrees to apply for an ALF license with due diligence and in a timely fashion;

AND

_____(2) the conversion of some or all of the units in the following Section 202 project will not result in a nursing home or intermediate care facility.:

Name of Project/Project Number

Project Address

(Signature of Authorized Official/Date)

Owner/Borrower's Combined Certifications

The Owner/Borrower, to the best of its knowledge and belief, hereby assures and certifies that it will comply with the following:

(i) CERTIFICATION IN CONNECTION WITH THE DEVELOPMENT AND OPERATION OF A SECTION 202 ALF

The requirements of the Fair Housing Act, Title VI of the Civil Rights Act, the Age Discrimination Act of 1975, section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and the implementing regulations at 24 CFR Part 135, the affirmative fair housing marketing requirements of 24 CFR part 200, subpart M and the implementing regulations at 24 CFR part 108, and other applicable Federal, State and local laws prohibiting discrimination and promoting equal opportunity including affirmatively furthering fair housing.

(ii) CERTIFICATION OF COMPLIANCE WITH SECTION 232 OF THE NATIONAL HOUSING ACT AND ACCESSIBILITY REQUIREMENTS

The requirements of section 232 of the National Housing Act, as applicable, the Uniform Federal Accessibility Standards (24 CFR 40.7), Section 504 of the Rehabilitation Act of 1973 and HUD's implementing regulations at 24 CFR part 8, and the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100, and the Americans with Disabilities Act of 1990, for all portions of the development physically affected by the subject proposal.

(iii) DAVIS-BACON

The Davis-Bacon Requirements and the Contract Work Hours and Safety Standards Act in any ALCP conversion grant in which the total cost of the physical conversion to an ALF (and including any additional renovation work undertaken at the same time) is \$500,000 or more (this includes ALCP grant funds loaned or granted in support of the conversion or other renovation for the project associated with this grant), AND in which the ALF portion of the project is 12 units or more.

(vi) TRUTH AND ACCURACY

The information provided to HUD in its application under the Assisted Living Conversion Program for Section 202 Projects is true and accurate, to the best of its knowledge.

Signature of Authorized
Certifying Official

Title

Applicant Organization

Date

WARNING

HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties (18 U.S.C. 1001,1010,1012; 31 U.S.C. 3729 /FS3802).

HUD Field Office List for Mailing ALCP Applications

NOTE: The first line of the mailing address for all offices is Department of Housing and Urban Development. Telephone numbers listed are not toll-free.

HUD - BUFFALO HUB

BUFFALO OFFICE

Fifth Floor
Lafayette Court
465 Main Street
Buffalo, NY 14203-1780
(716) 551-5755
TTY Number: (716) 551-5787

Applicants required to submit applications to the Buffalo Hub are normally serviced by the Boston, Hartford, Manchester, Providence, New York, Buffalo, Philadelphia, Charleston, Newark, Pittsburgh, Baltimore, Washington, DC, and Richmond Field Offices.

HUD - GREENSBORO HUB

GREENSBORO OFFICE

Koger Building
2306 West Meadowview Road
Greensboro, NC 27407-3707
(336) 547-4000
TTY Number: (336) 547-4055

Applicants required to submit applications to the Greensboro Hub are normally serviced by the Greensboro, Columbia, Atlanta, Knoxville, Louisville, Nashville, Birmingham, Jackson, Jacksonville, Miami, Ft. Worth, Houston, Little Rock, New Orleans, San Antonio, and Shreveport Field Offices.

HUD - GREAT PLAINS

KANSAS CITY OFFICE

Room 200
Gateway Tower II
400 State Avenue
Kansas City, KS 66101-2406
(913) 551-5462
TTY Number: (913) 551-6972

Applicants required to submit applications to the Kansas City Hub are normally serviced by the Cincinnati, Cleveland, Columbus, Chicago, Indianapolis, Detroit, Grand Rapids, Des Moines, Kansas City, Oklahoma City, Omaha, St. Louis, Tulsa, Milwaukee, and Minneapolis Field Offices.

HUD - SAN FRANCISCO HUB

SAN FRANCISCO OFFICE

Philip Burton Federal Building
and U.S. Courthouse
450 Golden Gate Avenue
P.O. Box 36003
San Francisco, CA 94102-3448
(415) 436-6550
TTY Number: (415) 436-6594

Applicants required to submit applications to the San Francisco Hub are normally serviced by Denver, Los Angeles, San Diego, San Francisco, Honolulu, Las Vegas, Phoenix, Seattle and Spokane Field Offices.

ALCP NOFA

APPENDIX B

FORM-2993

Acknowledgment of Application Receipt

FORM-2994

Client Comments and Suggestions

**Fiscal Year 2000
Service Coordinator Program**

Application Kit

Application Due Date: July 17, 2000



**U.S. Department of Housing and Urban Development
Office of Housing
Office of Multifamily Housing Programs**

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Attachments:


1. Applicant Checklist (Non-ALCP Applicants)
2. Sample Request Letter Format
3. Service Coordinator Certifications
4. Transmittal Letter Format for Designated Lead Agency
5. ALCP Applicant Checklist and ALCP Applicants' Form
6. Applicant Data Input Sheet
7. Standard Form (SF) 424 Application for Federal Assistance
8. Standard Form (SF) 424 B Assurances for Non-Construction Programs
9. Drug-Free Workplace Certification (HUD-50070)
10. Certification Regarding Lobbying (SF-LLL)
11. Applicant/Recipient Disclosure Update Report (HUD-2880)
12. Fiscal Year 2000 Service Coordinator Notice of Funding Availability with Field Office List
13. Client Comments and Suggestions Form (HUD-2994)
14. Acknowledgment of Application Receipt (HUD-2993)

Before You Start - Please Take Note


Be sure to read the entire application kit carefully and thoroughly.


? If you have any questions about any part of this application, do not make assumptions or guesses. Contact HUD Field staff for assistance.


 Fiscal Year 1999 applicants, with applications approved for but not selected in the FY 1999 lottery, may use their same applications to apply for this year's funds. (Section II.G)


 The owner corporation is the only eligible applicant and recipient of Service Coordinator funds. Property management companies and other agents may prepare applications, but may not receive funds. (Section III.A)

 Section 202 with Project Rental Assistance Contracts (PRAC) and Section 811 developments are not eligible for funding. (Section III.B)

 Only developments designed for the elderly or people with disabilities and continuing to operate as such are eligible for funding. Developments designed for primary residence by families are not eligible. (Section III.B)

 There is no minimum unit number to be eligible for funding. (Section III.B)

 You may request funds to augment the time of a current Service Coordinator or hire an additional Service Coordinator or aide. (Section III.C)

 You may request funding to continue a Service Coordinator program paid through other resources, if those resources are no longer available or will discontinue on or before January 17, 2001. (Section III.C(3))

When preparing your application, please number all pages and clearly identify all components of your application package.

The Standard Form 424 requests the Catalogue of Federal Domestic Assistance (CFDA) number for this program. The number is 14.191.

I. INTRODUCTION

This application package contains instructions and materials for Service Coordinator grants for multifamily assisted housing developments for the elderly and people with disabilities.

Applicants will submit requests to their local Field Office. Field staff will review applications and will forward to HUD Headquarters funding request information, for those applications that meet threshold criteria, for entry into a national lottery. HUD will make three-year grants through this process and will award up to \$25 million. All grants are renewable in the future, subject to the availability of funds.

II. APPLICATION SUBMISSION

A. Deadline Date

The Application deadline date is July 17, 2000. Applicants must submit applications to their local Field office as directed in the Service Coordinator Notice of Funding Availability (NOFA) and in this application package.

B. Number of Copies

You must submit **one original application and two copies** to the appropriate Field Office.

C. Number of Applications

1. You may submit one application for one or more developments that your corporation owns.
Or -
2. You may submit more than one application to a single Field Office, if you wish to increase your chances of selection in the lottery. Each application must propose a stand-alone program and the development(s) must all be located in the same Field Office jurisdiction.
3. If you wish to apply on behalf of developments located in different Field Office jurisdictions, you must submit a separate application to each Field Office.

D. Applications with Multiple Developments and Joint Applications

1. *Multiple Development Applications:* You may propose to hire a Service Coordinator who will be shared among eligible developments that your corporation owns. You need submit only one transmittal letter and set of other required attachments. In your letter, be sure to list all developments that will share the coordinator and provide all pertinent development information.

2. *Joint Applications:* You may join with one or more owners to share a Service Coordinator and so submit a joint application. In the past, joint applications have been used by small developments who joined together to hire a Service Coordinator.

One entity must act as the "lead applicant" and submit a transmittal letter covering all requests, which must be transmitted to HUD TOGETHER (see sample letter format, Attachment 4). This insures that all multiple requests are reviewed together.

The applicants must show the grant amount, and residual receipts/excess income, if appropriate, for EACH development. HUD will not award funds to one owner or a third party organization (e.g., a management agent) to be parceled out to the other owner.

E. Maximum Grant Amount

There is no maximum grant amount. The grant amount you request must be consistent with the staffing guidelines provided in Section V of this application kit and your proposed salary must be supported by evidence of comparable salaries in your area.

F. Applicant Checklist

Indicate on the Applicant Checklist (Attachment 1) that you have included all required material and information in your application request. Include this checklist as part of your application package.

G. FY 1999 Applicants

If you submitted an application in FY 1999 and it was approved by the Field Office, but not selected in the FY 1999 lottery, you may use this same application to apply for FY 2000 funds.. You may do so only if no part of your proposed FY 1999 program will change. If you plan changes to your proposed program, you must submit a new application.

If you wish to use your approved FY 1999 application, you must submit a letter to your local Field Office, **by the application deadline, July 17, 2000**, including the following:

1. Your request for the Field staff to approve your FY 1999 application for FY 2000 funding;
2. A statement that no part of your proposed FY 1999 program will change, and

3. Certification that the proposed development and owner corporation continue to meet all eligibility requirements and that your proposed FY 1999 program continues to meet all program requirements.

Please keep in mind that HUD Field staff have the right to reject your FY 1999 application for FY 2000 funding, if recent circumstances have caused the designated development or owner corporation to become ineligible.

H. Addresses for Application Submission

Send your application to the local HUD Field Office that serves the jurisdiction in which the development proposed for funding is located. Address your application to the Director, Multifamily Housing Hub or Program Center. See list of Field Offices in the Appendix to the NOFA. Do not send any copies of applications to HUD Headquarters.

Mailed Applications will be considered timely filed if postmarked on or before **midnight** on July 17, 2000, and received by the local HUD Field Office on or within **ten (10) days** of that date.

Applications Sent by Overnight/Express Mail Delivery Overnight or Express Mail items will be considered timely filed if received by the local HUD Field Office on or before July 17, 2000, or upon submission of documentary evidence that they were placed in transit with the overnight delivery service by no later than the above deadline date.

Hand Carried Applications: Hand carried applications will be accepted at the local HUD Field office during normal business hours before July 17, 2000. On July 17, 2000, HUD will accept applications until 6:00 PM, local time.

Any application received after the stated deadlines will not be considered for funding.

I. Technical Assistance

Field Office staff may provide limited technical assistance to owners to assist them in completing their applications. Staff can provide guidance on and examples of eligibility criteria, reasonable costs, comparable salaries, similar programs, and elements included on required forms. See the Appendix to the NOFA for a list of Field Offices.

You also may email questions to servcoor@hud.gov. Your message will be forwarded to your local HUD Field Office contact person, so be sure to include your city and state in your message so we can respond promptly.

J. For Application Kits and NOFAs

You may obtain additional copies of this application kit and the Service Coordinator NOFA by calling either the Multifamily Housing Clearinghouse at (voice) 1-800-MULTI 70 (1-800-685-8470) or (TTY) 1-800-483-2209 or HUD's Direct Distribution Center at

1-800-767-7468. If you are hearing or speech impaired, you may contact HUD via TTY by calling the Federal Information Relay Service at 1-800-877-8339. When requesting the application kit, please refer to the **Service Coordinator Program**. Please make sure to provide your name, address (including zip code), and telephone number (including area code).

The application kit and NOFA will also be available on the Internet through the HUD web site at <http://www.hud.gov>.

K. Funding Priority

Owners having available residual receipts, excess income, or Section 8 funds (through your Housing Assistance Payment [HAP] contract) that are sufficient to cover the costs of employing a Service Coordinator **must** use these resources rather than receive a grant. You will find procedures for applying for and using these funds in Housing's *Management Agent Handbook* 4381.5, Revision-2, Change-2, Chapter 8, and Notice 99-28 "Calculating and Retaining Section 236 Excess Income", Section II.C(3). Field Office staff will approve such requests consistent with current Section 8 and housing management policy. To the extent possible, HUD would like Service Coordinators to become permanent members of the management team and so this budget-based approach to funding a Service Coordinator is a preferable long-term approach.

III. ELIGIBILITY CRITERIA

A. Eligible and Ineligible Applicants

Only owners of eligible multifamily assisted housing developments listed in Section III.B.1, below, may request Service Coordinator funding. The owner entity must be the official applicant.

Property management companies, area agencies on aging, and other like organizations are not eligible applicants for Service Coordinator funds.

However, such agents may prepare applications and sign application documents. To do so, **the application must include evidence that the owner has given authority for the agent to apply for the funds and to sign the application documents on behalf of the owner corporation.** A letter from the owner corporation stating this authority is acceptable evidence. In such cases, the owner corporation **must** be indicated on all forms and documents as the official funding recipient.

To be eligible, owners must meet the criteria listed below for all HUD insured and assisted developments they own:

1. Have no outstanding contract violations of a contractual or regulatory nature.
2. (a) Have not been charged with a violation of the Fair Housing Act by the Secretary; (b) are not a defendant in a Fair Housing Act lawsuit filed by the Department of Justice, and (c) have not received a letter of noncompliance findings under Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, or Section 109 of the Housing and Community Development Act.

If you have resolved a charge, lawsuit, or letter of findings, as described in the above paragraph, you have done so to the satisfaction of the Department.

3. If your eligibility status changes during the course of the grant term making you ineligible to receive a grant (e.g. due to prepayment of mortgage, sale of property, or opting out of a Section 8 Housing Assistance Payment (HAP) contract), HUD has the right to terminate your grant.

B. Eligible and Ineligible Developments

Eligible developments

To be eligible for funding, developments must meet all the criteria listed below:

1. Are Section 202 or 202/8, existing Section 8 project-based and Moderate rehabilitation (including Rural Housing Service (RHS) Section 515/8), or Section 221(d)(3) below-market interest rate or 236 that are insured or assisted.
2. Have frail or at-risk elderly residents and/or non-elderly residents with disabilities who together total at least 25 percent of the building's residents.
3. Designed for the elderly only or housing for the elderly and persons with disabilities and continuing to operate as such. This includes any building within a mixed-use development that was designed for occupancy by elderly persons or persons with disabilities at its inception and continues to operate as such, or consistent with title VI, subtitle D of the Housing and Community Development Act of 1992. If not so designed, a development in which the owner gives preferences in tenant selection (with HUD approval) to eligible elderly persons or persons with disabilities, for all units in that development.
4. Are finally closed.
5. Are current in mortgage payments or are current under a workout agreement.

6. Meet HUD's Uniform Physical Conditions Standards (codified in 24 CFR part 5, subpart G), based on the most recent physical inspection report and responses thereto, as evidenced by a score of 60 or better or an approved plan for developments scoring less than 60.
7. Are in compliance with their regulatory agreement, HAP Contract, and other outstanding directives.
8. Section 202 developments must have a residual receipts account separate from the Repair and Replacement account, or agree to establish this account. This requirement does not apply to Section 8, 221(d)(3), or 236 developments.
9. Owners using the Annual Adjustment Factor (AAF) rent increase process or who are profit-motivated (e.g., State Housing Finance Agencies, and RHS Section 515/8) **must provide certification** that rental and other income from the development are insufficient to pay for a Service Coordinator.

This certification should be part of the required certification from the independent Public Accountant or the cognizant government auditor. The auditor must validate that the financial management system employed by the applicant meets proscribed standards for fund control and accountability, required by the pertinent OMB circular. In addition, to meet the above requirement, the auditor should also certify that “in the case of a profit-motivated corporation, the development’s and other income is insufficient to pay the costs of employing a Service Coordinator. You may submit relevant sections of your Annual Financial Statement if they clearly demonstrate the cash flow and expenses, and indicate certification by the auditor.

Minimum Unit Number: There is no minimum unit number eligibility criterion. This means an owner of a 20-unit development may submit an application for a Service Coordinator to serve only those 20 units. However, this development still must meet all eligibility criteria and the owner must carefully conform to the hiring guidelines presented in Section V, below, in proposing salary and number of work hours.

Ineligible developments include those that are:

1. For primary residence by families (i.e. not designed for the elderly or disabled or no longer operating as such).
2. Financed through Section 221(d)(4).

3. Section 202 or 811 with a Project Rental Assistance Contract (PRAC). Owners of Section 202 PRAC developments may obtain funding by requesting an increase in their PRAC payment consistent with Handbook 4381.5 Revision-2, Change-2, Chapter 8. There is no statutory authority for Service Coordinators in Section 811 developments.

C. Eligible and Ineligible Activities

Eligible Activities

1. Service Coordinator Program grant funds may be used to pay for the salary, fringe benefits, and related administrative costs for employing a Service Coordinator. Administrative costs may include, but are not limited to the following: purchase of furniture, office equipment and supplies, training, quality assurance, travel, and utilities.
2. You may use funds to augment a current Service Coordinator program, by increasing the hours of a currently employed Service Coordinator, or hiring an additional Service Coordinator or aide on a part- or full-time basis.
3. You may use funds to continue a Service Coordinator program that has previously been funded through other sources. In your application, you must provide evidence that this funding source has already ended or will discontinue within six months following the application deadline date and that no other funding mechanism is available to continue the program. This applies only to funding sources other than the subsidy awards provided by the Department through program Notices beginning in FY 1992. HUD will provide one-year extensions to these subsidy awards through a separate funding action.
4. You may propose reasonable costs associated with setting up a confidential office space for the Service Coordinator. Such expenses must be one-time only administrative start-up costs. Such costs may involve acquisition, leasing, rehabilitation, or conversion of space. HUD Field Office staff must approve both the proposed costs and activity and must perform an environmental assessment on such proposed work prior to grant award.

Ineligible Activities

1. You may not use funds available through the Service Coordinator NOFA to replace currently available funding from other sources for a Service Coordinator or for some other staff person who performs Service Coordinator functions.

2. Owners with existing Service Coordinator subsidy awards may not apply for renewal or extension of those programs.
3. Congregate Housing Services Program (CHSP) grantees may not use these funds to meet statutory program match requirements and may not use these funds to replace current CHSP program funds to continue the employment of a Service Coordinator.
4. The cost of application preparation is not eligible.
5. Grant funds cannot be used to increase a project's management fee.

IV. SERVICE COORDINATION

A. General

A Service Coordinator is a social service staff person hired by the development owner or management company. The coordinator is responsible for linking elderly residents, especially those who are frail or at-risk, or non-elderly residents with disabilities to the supportive services they need to continue living independently.

Service coordination means the activity of linking a resident to needed supportive services or medical services which may be provided by private practitioners or agencies in the general community. Additionally, the term may cover case management, both formal and informal, in which the Service Coordinator assesses service needs; determines eligibility for public services, and makes resource allocation decisions.

B. Who Does Service Coordination

Service coordination may be performed by:

- an on-site or off-site staff person hired by the development owner or management agent, or shared among these employers;
- an on-site or off-site staff person hired by a third party agency, and contracted to the development owner or management agent, or
- a staff person hired by a third party agency, who provides case management and services coordination for a development resident in concert with the distribution of that agency or another agency's funding.

C. Indications of Existing Service Coordination

If Service Coordination is currently in-place and paid for by HUD or resources other than HUD, the costs CANNOT be shifted to these grant funds. These services may often be performed by staff with job titles other than "Service Coordinator" or be performed on a part-time basis by other staff. None of this activity's cost, regardless of who performs the service, may be transferred to this grant program.

The following may be indicators of existing coordination arrangements:

- Supplemental Security Income (SSI) and/or Medicaid payments going directly to the development's management for rent and service costs;
- the management of the development coordinates the services (and possibly their payment);
- third party staff persons are placed on the premises without charge to the current HUD budget for the development, and
- any combination of the above.

Case managers, social workers, or Service Coordinators may provide these services. These staff may be employed by a development owner or management company, or a state/local government agency. Not all developments for people with disabilities have a Service Coordinator in place or can provide this service for their residents. Therefore, each application must be individually evaluated to determine whether it may qualify for funding under this program, regardless of the population served.

D. Functions of a Service Coordinator

The major functions of the Service Coordinator are:

1. Provides general case management (including intake) and referral services to all residents needing such assistance.
2. May provide formal case management (i.e., evaluation of health, psychological and social needs, development of an individually tailored case plan for services and periodic reassessment of the resident's situation and needs) for a resident when such service is not available through the general community. (This will probably occur in rural areas.)
3. There may be times when there will be difficulty in linking up residents with a

community assessment agency in a timely manner. Therefore, the development may want to consider setting up a Professional Assessment Committee (PAC) to work with the Service Coordinator to perform initial assessments. (See the guidance in the CHSP regulations at 24 CFR 700.135 or 1944.258.) A PAC member shall NOT be paid for his/her services as a PAC member with grant funds..

4. Establishes linkages with all agencies and service providers in the community; shops around to determine/develop the best "deals" in service pricing, to assure individualized, flexible, and creative services for the involved resident(s).
5. Sets up a directory of providers for use by both development staff and residents.
6. Refers and links the residents of the development to service providers in the general community. Examples are: Case management, personal assistance, homemaker, meals-on-wheels, transportation, counseling, occasional visiting nurse, preventive health screening/wellness and legal advocacy.
7. Educates residents on service availability, application procedures, client rights, etc. and provides advocacy as appropriate.
8. Monitors the ongoing provision of services from community agencies and keeps the case management and provider agency current with the progress of the individual. Manages the provision of supportive services where appropriate.
9. Helps the residents build informal support networks with other residents, family and friends.
10. May set up volunteer support programs with service organizations in the community.
11. May provide training to the development's residents in the obligations of tenancy or coordinate such training.
12. May educate other staff on the management team on issues related to aging in place and Service Coordination, to help them to better work with and assist the residents.
- 13.** May develop case plans in coordination with community assessment services or with a PAC.
- 14.** Work and consult with tenant organizations and resident management

corporations, where appropriate.

Grant funds may NOT be used to allow the Service Coordinator to act as a recreational or activities director, provide supportive services directly, or assist with other administrative work normally associated with the development. However, an owner may propose to increase the time of a part-time coordinator to perform other duties in the development, **if these duties are paid for by other resources.**

E. Basic Qualifications of Service Coordinators/Aides

1. *Service Coordinator Qualification Guidelines*

- a) A Bachelor of Social Work or degree in Gerontology, Psychology or Counseling is preferable; a college degree is fully acceptable. However, individuals without a degree, but with appropriate work experience may be hired. Such situations must not be rejected out of hand.

Supervisory experience may be necessary in some team situations. If there are "aides" in a development, they will usually work under the direction of the coordinator. The Service Coordinator may supervise an additional professional and/or nonprofessional or paraprofessional "aide".

- b) Training in the aging process, elder services, disability services, eligibility for and procedures of Federal and applicable State entitlement programs, legal liability issues relating to providing Service Coordination, drug and alcohol use and abuse by the elderly, and mental health issues.

This requirement is not a prerequisite for hiring. The owner must certify and put in the project files, that the training requirements, if not met at the point of hiring, will be satisfied within one year. See Housing's *Management Agent Handbook* 4381.5 Revision-2, Change-2, Chapter 8.

- c) Two to three years experience in social service delivery with senior citizens and people with disabilities. Some supervisory or management experience may be desirable.
- d) Demonstrated working knowledge of supportive services and other resources for senior citizens and non-elderly people with disabilities in the area served by the development.
- e) Demonstrated ability to advocate, organize, problem-solve and provide results for the elderly and disabled served.

2. *Aides Working with a Service Coordinator*

- a) It is desirable, but not required, that aides have a college degree. They should, however, have appropriate experience in working with the elderly and/or people with disabilities.
- b) Options for structuring an "aide" situation:
 - Set up an internship or work study program with local colleges and universities to assist in carrying out some of the functions noted under Section IV.D above.
 - Use local college and university programs to provide planning guidance to development staff or provide program evaluation/assessment functions.

NOTE: Demonstrated experience is appropriate as a substitute for the education requirements listed in this Section.

V. STAFFING CONSIDERATIONS

A. Contracting Out

The Service Coordinator functions may be contracted out by the owner if the contract is with a single individual or with a third party agency that commits the time of a single individual to do the necessary work. Such individual should meet the qualification guidelines stated previously in Paragraph IV.E.

B. Sharing a Coordinator

Owners of eligible developments may combine efforts to hire a part-time or full-time Service Coordinator. Sharing is especially encouraged for smaller buildings. Owners may join together to share a Service Coordinator and may submit a combined application as described below.

C. Guidelines for Work Time

Under normal circumstances, a full-time Service Coordinator should be able to serve about 50-60 frail or at-risk elderly or non-elderly people with disabilities. However, the population of most developments will contain a significant number of residents who are not frail, at-risk, or disabled. Thus, the determination of whether or not a Service Coordinator is full time should be related to

the number of people in the development who are frail, at-risk, or disabled, with less consideration given to the other residents of the development. These other individuals will probably need little or no support from a coordinator.

The requirement that 25 percent of the residents must be frail or at-risk elderly, and/or non-elderly people with disabilities means, for example, that in a 50-unit development, at least 13 residents must be frail, at-risk, or disabled.

Example 1: In a 50-unit development, 13 residents are frail and 15-20 others are at-risk. The development probably could justify a 1/2 time coordinator.

Example 2: In a 75-unit development, 20 residents are frail and 15-20 others are at-risk. This development could probably justify at least a 3/4 time Service Coordinator.

Example 3: In a 110-unit development, 40 residents are frail and 40 others are at-risk. This development probably could justify a full-time coordinator and possibly a part-time aide.

Example 4: Three developments of 20, 20 and 51 units (91 units, total) join forces. Among them, they have 10 frail residents and 15 others that are at-risk. These developments probably could justify at least a 3/4 time coordinator (after making allowances for travel time between sites).

Example 5: In a 80-unit development there are no frail individuals, but about 40 who are at-risk. This development could probably justify a 3/4 to full-time coordinator.

Example 6: In a 150 unit development, 45 residents are frail and another 60 are at-risk. This development could probably justify at least one full-time and an additional part-time Service Coordinator.

All above examples are guidelines which must be adapted by Field Offices to local situations. Non-elderly people with disabilities would factor the same in the above examples as either frail or at-risk elderly.

D. Quality Assurance

Management must assure that the Service Coordinator function is effectively implemented. Therefore, quality assurance is an allowable administrative expense and HUD strongly encourages you to include this practice in your program. A development may propose a cost of 8-10 percent of the Service Coordinator salary to provide limited monitoring oversight of the Service Coordinator by a qualified third party. You must provide a written justification along with the budget. In-house staff and management may NOT perform this function and their

salaries may not be augmented for this purpose. Supervisors or other personnel hired to perform quality assurance should have appropriate experience and background to perform this function.

Once you hire or contract for quality assurance oversight, you must provide to your local HUD Field Office documentation indicating this individual's qualifications. The most appropriate time to provide this information would be with your first Semi-Annual Report sent to HUD.

VI. FRAILITY CONSIDERATIONS

While a Service Coordinator may serve any resident of a development who needs assistance, priority must be given to frail or at-risk elderly or non-elderly people with disabilities..

Frailty is defined as being deficient in at least three Activities of Daily Living (ADL) (see below).

An at-risk person will be deficient in 1-2 ADLs. The **MINIMUM** requirements necessary to qualify for an ADL deficiency are as follows:

- A. *EATING*: May need assistance with cooking, preparing or serving food, but must be able to feed self;
- B. *DRESSING*: Must be able to dress self, but may need occasional assistance.
- C. *BATHING*: May need assistance in getting in and out of the shower or tub, but must be able to wash self;
- D. *GROOMING*: May need assistance in washing hair, but must be able to take care of personal appearance;
- E. *TRANSFERRING*: May need assistance in getting in and out of bed and chairs, walking, going outdoors, using the toilet; and,
- F. *HOME MANAGEMENT ACTIVITIES*: May need assistance in doing housework or laundry or getting to and from one location to another, for activities such as going to the doctor or shopping, but must be mobile. The mobility requirement does not exclude persons in wheelchairs or those requiring mobility devices.

Each of the ADLs noted above includes a requirement that a person must be able to perform at a specified minimum level (e.g., to satisfy the eating ADL, the person must be able to feed him/herself). The determination of whether a person meets this minimal level of performance must include consideration of those services being performed by a spouse, relatives or other attendants to be provided by the individual.

Take for example, a person who requires assistance with cooking, preparing, or serving food plus needs assistance in feeding him/herself. That individual meets the minimum performance level and thus satisfies the eating ADL if a spouse, relative or attendant provides assistance with

feeding the person. Should such assistance become unavailable at any time, the owner is not obligated to provide individualized services beyond those offered to the resident population in general.

The ADL analysis is NOT used for a determination of eligibility for occupancy, or for determination of whom the Service Coordinator will assist. Rather, the owner must estimate the number of frail or at-risk elderly and/or non-elderly people with disabilities in the development and certify that this number is at least 25 percent of the total number of residents. This certification is needed to receive Service Coordinator grant funding.

VII. DETERMINING PROGRAM COSTS

A. Determining Total Grant Amount

1. **Reasonable costs** are generally those that are consistent with salaries and administrative costs of similar programs in your Field office's jurisdiction. Use the staffing guidelines in Section V, above, to determine the appropriate number of work hours for your proposed program. Gather data from programs near you to compare your estimates with the salaries and administrative costs of currently operating programs. Field staff can provide you with contacts at local program sites.
2. Year 1: Set total cost for year 1:

allowable administrative costs	\$_____ +
annual salary rate	\$_____ =
total cost/year	\$_____.
3. Years 2 and 3: The estimates for years two and three may be based on an annual inflation factor of up to five percent. Any one-time, first-year start-up costs must be subtracted from year one before calculating the years two and three estimates.
4. Total grant amount: Add projected amounts calculated in paragraphs 1 and 2, above. Subtract any available residual receipts or excess income from this amount to determine the three-year grant amount to request.

B. Use of Residual Receipts or Excess Income

If your development has residual receipts or excess income, these funds must be used prior to use of grant funds. You must include any of these available funds in your request, listed first and by year of use.

Section 202/8 developments must use any residual receipts amount that exceeds \$500 per unit, as long as this amount is not allocated for other development expenses. You must submit a copy of the residual receipts account statement to the Field office for verification. If the development does not have a residual receipts account or has insufficient funds to use for this program, so state.

See the Request Letter Format (Attachment 2) for further step-by-step instructions. The example below illustrates (1) how to determine total program cost and (2) how owners may combine grant funds and residual receipts/excess income to fund a Service Coordinator program:

Example 1: The following represents the salary, fringe benefits, and administrative costs for the position. The salary, fringe benefits, and administrative costs for the first year are \$33,750.

	<u>Salary</u>	<u>Fringe</u>	<u>Admin. Costs</u>	<u>Total</u>
Year 1:	\$25,000	\$ 6,250	\$2,500	\$33,750
Year 2:	\$26,250	\$ 6,563	\$ 525	\$33,338
Year 3:	\$27,563	\$ 6,891	\$ 551	\$35,005
TOTAL:	\$78,813	\$19,704	\$3,576	\$102,093

Example 2: Assume development has \$55,000 in available residual receipts; this amount will be applied prior to the grant funds as follows.

	<u>Residual Receipts</u>	<u>Grant Funds</u>	<u>Total</u>
Year 1:	\$33,750	\$0	\$33,750
Year 2:	\$21,250	\$12,088	\$33,338
Year 3:	\$0	\$35,005	\$35,005
TOTAL:	\$55,000	\$47,093	\$102,093

The applicant would then request HUD approval to use \$40,000 in residual receipts and \$41,538 in grant funds.

VIII. FUNDING PROCESS

HUD will award Service Coordinator grant funds through a lottery process. HUD Headquarters staff will hold one national lottery. A computer program will randomly select applications for this lottery and will continue the process until available funds are exhausted.

Multifamily Field office staff will review applications for completeness and compliance with threshold criteria. Certain deficiencies may be cured after submission, subject to NOFA Section VII. Field staff will forward funding information to Headquarters for entry into the lottery if the applications were received by the deadline date; meet all eligibility criteria; propose reasonable costs for eligible activities, and include all technical application revisions by the designated deadline date.

HUD will first fund service coordinator costs in applications selected to receive an Assisted Living Conversion Program (ALCP) grant award. The Department estimates that approximately \$5 million will be needed to fund these programs. The actual amount will be based upon demand and the number of applications that meet threshold criteria in both the ALCP and Service Coordinator programs. HUD will set-aside the requested amount of ALCP/Service Coordinator funds prior to conducting the national lottery. Any funds not used for ALCP Service Coordinator programs will revert to the lottery to fund all other eligible applications submitted under the Service Coordinator NOFA.

IX. ASSISTED LIVING CONVERSION PROGRAM APPLICANTS INFORMATION

A. General

Section 202 developments applying for an ALCP grant, may apply for Service Coordinator funding through the Service Coordinator NOFA. Owners of such developments may apply if they meet the following conditions:

1. Do not currently have a Service Coordinator program. If your development does not have a program, you can apply for funds to serve ALCP residents and/or the other non-assisted living residents in the development.
2. Have a Service Coordinator program, but need additional hours or staff to serve the assisted living residents.

3. In either case described above, you do not have available residual receipts or Section 8 funds to cover the cost of a new or augmented Service Coordinator program.

You can indicate in your application whether or not you want your request entered into the national lottery if your ALCP application is not selected to receive an award.

B. Amount to request

Please follow the guidelines in Section V.C “Guidelines for Work Time” of this application kit to determine the appropriate numbers of work hours to propose. Your salary, fringe benefits, and administrative costs must also be comparable to other program costs in your area, as noted in Section II.E of this application kit.

In your ALCP application, you must submit a description of how the new or additional Service Coordinator hours will support your proposed assisted living program. To do this, follow the instruction provided in Section VI(B)(8)(b) and (c) of the ALCP NOFA.

C. Application Requirements

You must submit all required components of this Service Coordinator application package. However, you will also submit the following five forms as part of your ALCP application. Therefore, you may submit copies of these forms in your Service Coordinator application. HUD only needs one form with an original signature, but we do need a copy of the form to make each application complete:

- Standard Form (SF) 424 Application for Federal Assistance
- Drug-Free Workplace Certification (HUD-50070)
- Certification Regarding Lobbying (SF-LLL)
- Applicant/Recipient Disclosure Update Report (HUD-2880)
- Acknowledgment of application receipt, HUD form 2993

Also be sure to complete the “ALCP Applicants’ Form”. This is where you will indicate your preference for Service Coordinator funding.

YOU HAVE REACHED THE END OF THE TEXT PORTION OF THE APPLICATION KIT.

APPLICANT CHECKLIST (Non-ALCP Applicants)

Use this checklist to review your package and insure that all materials are properly completed and included. Submit a copy of this form with your request to HUD.

- _____ (1)(a) FY 1999 applicants' letter to use FY 1999 application (no other documentation required), OR
- _____ (1)(b) Request Letter
- _____ (2) Lead agency letter format (if appropriate)
- _____ (3) Evidence of comparable salaries in local area.
- _____ (4) If quality assurance is included in the proposed budget, a justification and explanation of how this work will be performed.
- _____ (5) A bank statement with the development's current residual receipts or excess income balance.
- _____ (6) *(If applicable)* Evidence that prior funding sources for your development's Service Coordinator program are no longer available.
- _____ (7) Service Coordinator Certifications
- _____ (8)(a) A certification from an independent Public Accountant or the cognizant government auditor stating that the financial management system employed by the applicant meets proscribed standards for fund control and accountability required by the pertinent OMB circular.
- _____ (8)(b) In the case of developments using the AAF or that are profit-motivated, the certification states that the development does not have sufficient funds from rental/other income to fund the Service Coordinator.
- _____ (9) Standard Form (SF) 424 Application for Federal Assistance and Standard Form (SF) 424 B Assurances for Non-Construction Programs
- _____ (10) Drug-Free Workplace Certification (HUD-50070)
- _____ (11) Certification Regarding Lobbying (SF-LLL)
- _____ (12) Applicant/Recipient Disclosure Update Report (HUD-2880)
- _____ (13) Acknowledgment of application receipt, HUD form 2993

REQUEST LETTER FORMAT

Use the format shown below to request Service Coordinator grant funds. Write this letter on your organization's letterhead. If you submit a joint application with another owner, you both must submit a separate letter.

Dear _____
Director, Multifamily Hub/Program Center _____ Date _____

The following is my request for a three-year Service Coordinator grant. I am requesting a total grant amount of \$_____.

Owner name and address: _____

DEVELOPMENT INFORMATION (Include relevant information for each development in your application.)

1. Development name and address:

2. _____
Project Number Section 8 Number Development's
Cong. District

3. Project Type - check one:

- ____ 202 or 202/8
____ Section 8 (including moderate rehabilitation and Rural Housing Service 515/8)
____ Section 221(d)(3) below-market interest rate
____ 236 insured or assisted

4. Project uses which method (check one):

____ Budget-based rent increase ____ AAF increase

5. Total Number of Rental Units _____,

6. Total Number of Residents _____.
7. Estimated Number Frail elderly and non-elderly people with disabilities _____.
8. Estimated Number at-risk elderly _____
9. Are you planning to contract out for a Service Coordinator? _____ Yes _____ No
10. Development will share a Service Coordinator with other development(s)? _____ Yes _____ No

If yes, please give name and address of the development(s) and owner(s), if different.

EXPLANATION OF FIRST YEAR COSTS

A. First Year Program Costs

1. **Salary Rate**

- a.. Determine the first year's base salary level, looking at comparable positions (modified by number of hours worked).

Base salary level \$_____

- b. Fringe benefits
% of base salary _____ %

Dollar value \$_____

- c. First year salary rate

\$_____ + \$_____ = \$_____
base salary fringe benefits salary rate

2. **Administrative Costs**

- First, determine start-up costs:

Item _____ \$_____

I Item _____ \$ _____
 Total: \$ _____

- Then estimate annual on-going administrative costs for your program:

Item _____ \$ _____

Item _____ \$ _____

Item _____ \$ _____

Identify total first year on-going administrative cost: \$ _____

- Sum start-up and on-going costs for year one: \$ _____

Is quality assurance included as an administrative cost? ___ Yes ___ No

If yes, provide justification and explanation of how it will be done.

Do you plan any activity related to setting up confidential office space for the Service Coordinator that would be considered part of start-up administrative costs? ___ Yes ___ No

If yes, provide a detailed explanation of your proposed plan.

3. **Total cost**

First year's total costs:

Annual salary rate \$ _____ +

Allowable administrative costs \$ _____ =

Total cost \$ _____.

B. Costs for Year 2 and 3

Before determining second year costs, subtract any one-time start-up costs in year one from that year's total expected cost. Use this "adjusted" total year-one cost in the calculations below.

Attachment 2

Use a five percent inflation factor to determine costs for years 2 and 3.

Year 1 total cost \$_____ x 1.05 = total cost year 2 \$_____

Year 2 total cost \$_____ x 1.05 = total cost year 3 \$_____

Sum costs for years 1 - 3 = \$_____.

This is my total grant request.

The total grant request breaks down as follows:

	SALARY	FRINGE	ADMIN. COSTS	TOTAL
YEAR 1	\$	\$	\$	\$
YEAR 2	\$	\$	\$	\$
YEAR 3	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

USE OF RESIDUAL RECEIPTS OR EXCESS INCOME

Developments with budget-based rents must use available residual receipts before receiving grant funds. Similarly, developments using the AAF must use available excess income before they receive new grant funds. Owners can use residual receipts or excess income in conjunction with grant funds. Section 202 developments must maintain a minimum of \$500 per unit in their residual receipts account. Indicate amounts of these funds to be used along with grant funds below:

	RESIDUAL RECEIPTS OR EXCESS INCOME	GRANT FUNDS	TOTAL
YEAR 1	\$	\$	\$
YEAR 2	\$	\$	\$
YEAR 3	\$	\$	\$
TOTAL	\$	\$	\$

We appreciate your consideration of this request. If there are any questions, your staff may call _____ at _____ for further information.

Sincerely,

Signature Typed Name

Chairperson, Owner/borrower corporation

SERVICE COORDINATOR CERTIFICATIONS

1. At least 25 percent (25%) of the residents of the development are frail or at-risk elderly and/or non-elderly people with disabilities at the time of your request to HUD.
2. There is sufficient separate office space available for the Service Coordinator (and aides, if appropriate), including space for confidential meetings and a separate location in which to secure files, without adversely affecting normal activities.
3. You (1) have not been charged with a violation of the Fair Housing Act by the Secretary; (2) are not a defendant in a Fair Housing Act lawsuit filed by the Department of Justice, and (3) have not received a letter of noncompliance findings under Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, or Section 109 of the Housing and Community Development Act.

If you have resolved a charge, lawsuit, or letter of findings, as described above, you have done so to the satisfaction of the Department.

4. You do not have any outstanding Inspector General Audit findings.
5. Client files shall be kept in a secured location and accessible ONLY to the Service Coordinator, consistent with maintaining confidentiality of information related to any individual per the Privacy Act of 1974.
6. In the event that the Service Coordinator (directly hired or contracted) is not fully trained at the point of hiring, you agree to ensure that the Service Coordinator receives and completes appropriate training and ongoing continuing education requirements, consistent with Housing's *Management Agent Handbook* 4381.5, Rev-2, Change-2, Chapter 8.9.
7. If you are applying on behalf of a Section 202 development, you have a residual receipts account separate from the reserve for replacement account or you agree to establish one to receive this grant.
8. You will not use grant funds to replace currently available funding from other sources that is currently paying for a Service Coordinator or for some other staff person who performs Service Coordinator functions.
9. You agree to submit quarterly payment vouchers and semi-annual performance and financial status reports to your local HUD Field Office, presenting on-going information about your program's activities.

Signature

Print Name

Date

Chairperson, Owner/borrower corporation.

TRANSMITTAL LETTER FORMAT FOR DESIGNATED LEAD AGENCY

If more than one owner is proposing to share a Service Coordinator, one agency must designate itself the "lead". This agency must submit a letter following this format on organization letterhead.

Dear _____
Director, Multifamily Hub/Program Center _____ Date

The (fill in name of owner) for (fill in development name and city) is requesting grant funds to hire a Service Coordinator.

This request includes ____ (give #) developments, which will share a Service Coordinator. The developments are:

<u>Owner</u>	<u>Development Name and Address</u>	<u>\$ Requested</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total:		_____

The completed requests from each of these give # applicants are attached to this letter.

Sincerely,

(Signature)

(Typed Name)

Chairperson, owner/borrower corporation

ALCP APPLICANT CHECKLIST

*Use this checklist to review your materials to make sure they are properly completed and included.
Submit a completed form with your request to HUD.*

- _____ (1)(a) FY 1999 applicants' letter to use FY 1999 application, plus a description of how your Service Coordinator program will work with your proposed ALCP.
OR
 - _____ (1)(b) Request Letter
 - _____ (2) Lead agency letter format (if appropriate)
 - _____ (3) Evidence of comparable salaries in local area.
 - _____ (4) If quality assurance is included in the proposed budget, a justification and explanation of how this work will be performed.
 - _____ (5) A bank statement with the development's current residual receipts or excess income balance.
 - _____ (6) *(If applicable)* Evidence that prior funding sources for your development's Service Coordinator program are no longer available.
 - _____ (7) Service Coordinator Certifications
 - _____ (8)(a) A certification from an independent Public Accountant or the cognizant government auditor stating that the financial management system employed by the applicant meets proscribed standards for fund control and accountability required by the pertinent OMB circular.
 - _____ (8)(b) In the case of developments using the AAF or that are profit-motivated, the certification states that the development does not have sufficient funds from rental/other income to fund the Service Coordinator.
 - _____ (9) Standard Form (SF) 424-B "Assurances for Non-Construction Programs"
 - _____ (10) ALCP applicants' form.
- Original or copies of the following forms:
- _____ (11) Standard Form (SF) 424 Application for Federal Assistance
 - _____ (12) Drug-Free Workplace Certification (HUD-50070)
 - _____ (13) Certification Regarding Lobbying (SF-LLL)
 - _____ (14) Applicant/Recipient Disclosure Update Report (HUD-2880)
 - _____ (15) Acknowledgment of application receipt, HUD form 2993

ALCP APPLICANTS FORM

Complete this form ONLY if you are applying for both an ALCP grant and a Service Coordinator grant. Complete Part I or II, not both.

I. I currently do not have a Service Coordinator working at the site, _____,
included in my ALCP application. (Development Name)

I expect _____
residents to participate in the ALCP and to receive
assistance from the Service Coordinator.

I expect _____
non-ALCP development residents to also use the services
of the Service Coordinator.

The Service Coordinator will work _____
hours per week.

My first year annual cost is estimated at \$ _____

and my 3-year grant request is for \$ _____

If my ALCP application IS NOT selected to receive a grant, please enter my Service Coordinator request in the Service Coordinator national lottery. Yes____ No____

(*Your request for the number of work hours and the total number of residents to be served, as indicated above, will be entered in the lottery.)

(Continued on back)

ALCP APPLICANTS FORM

II. I currently have a Service Coordinator working at the site, _____,
included in my ALCP application. (Development Name)

The Service Coordinator currently works _____
hours per week and serves _____
residents.

I would like to augment the Service Coordinator's time or hire another full or part-time Service Coordinator or aide to work with ALCP residents.

My request is to add _____
hours a week to the Service Coordinator's time.

I expect to serve _____
residents in my ALCP.

My first year annual cost is estimated at \$_____

and my 3-year grant request is for \$_____

Please remember to include in your ALCP application an explanation of why you are seeking incremental hours for your Service Coordinator Program. What additional responsibilities will the Service Coordinator have in working with ALCP residents. Why are additional hours needed to make your ALCP a success?

If my ALCP application IS NOT selected for an award, I understand that HUD will not fund the incremental hours requested.

Multifamily Housing Service Coordinator Program

Applicant Data Input Sheet

Owner (Funds Recipient)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Include Area Code) _____

Grant Contact Person (Name) _____

Phone (Include Area Code) _____

e-mail address _____

List the specific development(s) targeted for assistance under this grant.
Use additional sheets as needed.

Development Name _____

Address _____

City _____ State _____ Zip _____

FHA/Project Number _____ Sec.8 Number _____ No. of Units _____

Project Type (e.g., 202, 221(d)(3), 236, or Sec. 8) _____

Location (Urban, suburban, or rural) _____

Senators 1. _____ 2. _____

Congressional Representative Name _____ District _____

Funds Requested

A. Grant Funds	\$
B. Residual Receipts	\$
C. Total 3-Year Program Costs (sum of A + B)	\$
HUD Official Use Only Total Funds Approved	\$